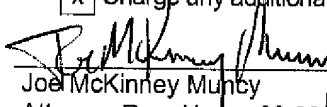


| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   |                                   | Docket No.<br>4392-0149P        |      |
|--|---|---|-----------------------------------|---------------------------------|------|
| Application No.<br>10/743,135-Conf. #007481  | Filing Date<br>December 23, 2003          | Examiner<br>D. D. Chacko                | Art Unit<br>1756                  |                                 |      |
| Applicant(s): Shih-Fan KUAN et al.   |   |   |                                   |                                 |      |
| Invention: METHOD FOR FORMING DRAM CELL BIT-LINE CONTACT   |   |   |                                   |                                 |      |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>   |   |   |                                   |                                 |      |
| Transmitted herewith is an amendment in the above-identified application.  |   |   |                                   |                                 |      |
| The fee has been calculated and is transmitted as shown below.   |   |   |                                   |                                 |      |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                                 |      |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                            |      |
| <b>Total Claims</b>  | 15  | - 20 =                                  | 0                                 | x 50.00                         | 0.00 |
| <b>Independent Claims</b>  | 1   | - 3 =                                   | 0                                 | x 200.00                        | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                                 |      |
| Other fee (please specify):  |   |   |                                   |                                 |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                                 | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>  |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |                                 |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |                                 |      |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.  |   |   |                                   |                                 |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                                 |      |
| <br>Joe McKinney Muncy<br>Attorney Reg. No. 32,334  |   |   |                                   | Dated: <u>December 28, 2006</u> |      |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8026   |   |   |                                   |                                 |      |